

Thank you for your interest in the parent and adolescent tobacco & alcohol video. We appreciate your time in completing this questionnaire.

1. How often do you talk with your children about what he or she does at school?

Never
Less than once a month
Several times a month
Weekly
Several times a week
Daily

2. How often do you talk to your child about activities he or she is involved outside of school (extracurricular activities, sports, etc.)?

Never
Less than once a month
Several times a month
Weekly
Several times a week
Daily

3. How often do you talk to your child about what he or she does with friends when they go out?

Never
Less than once a month
Several times a month
Weekly
Several times a week
Daily

Yes No

12. To your knowledge has your child ever drank alcohol?

Yes No

13. If you answered yes to question 11 or 12, what actions did you take when you discovered they engaged in this behavior?

14. To your knowledge has your child ever refused to smoke tobacco?

Yes No

15. To your knowledge has your child ever refused to drink alcohol?

Yes No

16. If you answered yes to number 13 or 14, what actions did you take when you discovered they engaged in this behavior?

17. Do you feel this video will help you to improve your communication with your child(ren) about alcohol and tobacco?

Yes No

18. Do you intend to change any of your behaviors based on the content of this video?

Yes No

19. If you answered yes to number 18, what behaviors do you intend to change?

Thank you for your time.